

GENERAL ASSEMBLY, THIRD COMMITTEE

STATEMENT BY PAUL HUNT, SPECIAL RAPPORTEUR ON THE RIGHT OF EVERYONE TO THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH

FRIDAY 29 OCTOBER 2004

Mr Chairperson,
Distinguished Delegates,
Ladies and Gentlemen,

Since I presented my interim report to the General Assembly last year, I have undertaken three country missions -- to Mozambique, Peru and Romania. I will be presenting my three mission reports to the Commission on Human Rights in 2005.

Today, I would like to thank, very warmly, all three Governments for their invitations and for the open and constructive spirit in which my colleagues and I were received.

In my annual reports to the Commission on Human Rights and the General Assembly, I select aspects of the human right to health that demand careful examination. (Mr. Chairman, with your permission I use today the label the 'right to health' or 'the right to the highest attainable standard of health' as a convenient shorthand for the long formulation of the right.)

In my report to the Commission this year, I looked at sexual and reproductive health. In my report to the Commission next year, I will focus on mental health. There are many other dimensions of the human right to health that need careful consideration, such as access to essential medicines and environmental safety. And there are also particular contexts in which the right to health must be examined, such as armed conflict.

Adopting this step-by-step approach, gradually we can build up an increasingly complete picture of the human right to the highest attainable standard of health.

My present report – an advanced edited version of which is available on the OHCHR website (<http://www.ohchr.org/english/bodies/chr/informal/documents.htm#symbol>) - addresses three topics.

First, it calls for urgent and concerted efforts at all levels to redress the profound disparities between the health of indigenous peoples and that of the non-indigenous population in many countries and communities around the world. On two occasions the Permanent Forum on Indigenous Issues has called on me to pay special attention to the right to health of indigenous peoples. In this context, the right to health raises sensitive issues of culture, such as access to traditional medicines, and important issues of law, such as treaty rights to health. While I make some preliminary suggestions, the report does not attempt to examine the subject in detail. Instead, the report signals the seriousness of the issues and my intention to explore them as appropriate in my future work. Indeed, one of my forthcoming country mission reports will look at the right to health of indigenous peoples.

Second, my present report also devotes a chapter to the problem of how a State can monitor the progressive realisation of the right to health. I can think of no way of monitoring progressive realisation without using, to one degree or another, indicators and benchmarks. As some of you may recall, in my last report to the General Assembly, I outlined a methodology for the use of indicators and benchmarks in relation to the right to health. In my current report, I experimentally apply this methodology to one element of the right to health – child survival. I identify some draft indicators for all countries -- and also some draft indicators for donors. Indicators for donors are needed to monitor the degree to which they are providing international assistance and cooperation in relation to the realisation of the right to health in developing countries.

My consideration of indicators and benchmarks is work-in-progress. Written and oral comments on it will be most welcome.

Third, the major chapter in my present report examines the health-related Millennium Development Goals (MDGs) through the lens of the human right to health.

So far as I am aware, no other set of international commitments and policy objectives has attracted such strategic, systemic and sustained attention since the foundation of the United Nations in 1945. The entire UN ‘family’ is giving urgent priority to the achievement of the MDGs.

One of the most striking features of the Goals is the prominence they give to health. Of the eight Goals, four are directly related to health. So it is especially important that the right to health is brought to bear upon the MDGs.

To its credit, the Millennium Campaign uses the human rights framework in some of its advocacy work.

But, to my surprise, human rights receive only slight attention in the voluminous literature generated by the MDGs.

The Millennium Project is an independent advisory body to the Secretary General charged with analysing the MDGs and identifying strategies for their achievement. The Project has appointed 250 eminent scholars and practitioners who are organised in ten Task Forces each of which examines a vital element of the MDGs.

For the most part, the interim reports of these Task Forces give scant attention to the right to health and other human rights.

Also, over 60 country-level MDG reports have been published – and they, too, give little attention to the right to health and other human rights.

This is surprising because, as the Secretary General put it, “economic, social and cultural rights are at the heart of all the millennium development goals”.

International human rights provide a compelling normative framework for national and international policies designed to achieve the MDGs. The right to health

reinforces many existing features of the Goals. Human rights have much to offer the Goals – and the Goals have much to offer human rights.

The Millennium Project is preparing a ‘Global Plan to Achieve the MDGs’. And next year, five years after the adoption of the Millennium Declaration, the Secretary General will publish a report on the Declaration and the MDGs.

It is very important that these crucial documents unambiguously highlight the human rights normative framework that underpins and complements both the Declaration and the Goals.

In my present report, I briefly explore what the right to health brings to the health-related Goals. For example, the principles of non-discrimination and equality can help to deliver the MDGs to the most disadvantaged and marginal. The right to health can help to ensure that policies are participatory – not top-down and technocratic. The right can help to ensure that vertical health interventions – for malaria, tuberculosis and HIV/AIDS – do not weaken but strengthen health systems. The right can help to ensure that health professionals – upon whom the health-related MDGs depend – receive the serious attention they deserve. The right re-affirms the crucial sexual and reproductive health components of the MDGs, such as HIV/AIDS and maternal health. The right also reinforces MDG 8 – a global partnership for development – and underscores the vital human rights feature of accountability.

My report particularly emphasises that for many developing countries achieving the health-related Goals depends, to a large degree, upon developed States honouring their commitments under MDG 8. Of course, this does not divest developing countries of their responsibility to do all they can themselves. But equally it is imperative that developed States are not divested of their responsibilities under MDG 8.

I suggest that accountability in relation to all the MDGs is strengthened. Today, accountability in relation to MDG 8 is especially feeble. If the international community is not able to agree an effective, transparent and accessible accountability mechanism regarding MDG 8, then developing countries may wish to establish their own independent accountability mechanism regarding the discharge of developed States’ commitments under Goal 8.

Mr Chairman, this is a brief summary of my present report to the General Assembly. I will be very pleased to take questions from delegates either now or on other occasions at their convenience.

Thank you.
